

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/524,608
	Filing Date	March 24, 2008
	First Named Inventor	Shokat, Kavan M.
	Title	PROTEOME-WIDE MAPPING OF POST-TRANSLATIONAL MODIFICATIONS USING ENDOPEPTIDASES
	Art Unit	1668
	Examiner Name	Kim, Alexander D.
	Attorney Docket Number	18062G-006610US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Susan Y. Nakashima</i>	Date	3/25/08
Name	Susan Y. Nakashima	Telephone	415.353.4471
Title and Company	Patent Prosecution and Business Manager - UCSF		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.